



MAINE DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION
OFFICE OF LICENSING AND REGISTRATION

35 State House Station, Augusta, ME 04333

Physical Location: Gardiner Annex, 122 Northern Avenue, Gardiner, ME

Web Address: www.maineprofessionalreg.org Email: Geraldine.l.betts@maine.gov

Direct Line (207) 624-8625 - Fax (207) 624-8637 - Hearing Impaired/TTY (207) 624-8563

To: All licensed pharmacists

From: Geraldine L. Betts, Administrator *Jeri*

Date: March 8, 2005

Re: Emergency Contraception Drug Therapy

Public Law Chapter 524 on Emergency Contraception took effect on July 30, 2004. The enclosed material is designed to assist pharmacists who wish to initiate emergency contraception drug therapy in accordance with 32 MRSA Subchapter 12 of the Maine Pharmacy Practice Act (*see reverse side*).

In accordance with Section 13824 of the practice act, the board developed a standardized *Fact Sheet* that a participating pharmacist must provide to the recipient of the emergency contraceptive drugs. Please read the law carefully (*reverse side*) for details on what a pharmacist must do to be eligible to dispense EC in collaboration with an authorized prescriber. The *Fact Sheet* was developed in consultation and input from the Department of Human Services, the American College of Obstetricians and Gynecologists, the Maine Pharmacy Association, and the Family Planning Association of Maine.

To initiate emergency contraception drug therapy a pharmacist must complete a board-approved EC training before dispensing EC and have an established protocol agreement with an authorized prescriber.

On February 8, 2005, the Maine Board of Pharmacy approved the American Pharmacists Association ("APhA") continuing education program on Emergency Contraception along with live training for pharmacists on EC to fulfill the training requirements of Section 13823. Information about an upcoming April 1 education session is enclosed.

To further assist pharmacists, information on training personnel, Frequently Asked Questions, and referral contacts is enclosed. Sample Protocol Agreement, Informed Consent, and Communication forms to use as a guideline in structuring an EC drug therapy program is also enclosed. The sample forms are optional and you may feel free to adjust and revise these forms to fit your needs. You may NOT, however, alter the Fact Sheet. Please feel free to duplicate this information as needed. You may also access these same documents online at www.maineprofessionalreg.org

MAINE BOARD OF PHARMACY PRACTICE ACT

SUBCHAPTER 12

COLLABORATIVE PRACTICE FOR EMERGENCY CONTRACEPTION

Title 32

§13821. Short title

This subchapter is known and may be cited as "the Collaborative Practice for Emergency Contraception Act."

§13822. Collaborative practice authorized

Notwithstanding any other provision of law, a licensed pharmacist who has completed the training required in section 13823 may initiate emergency contraception drug therapy in accordance with standardized procedures or protocols developed by the pharmacist and an authorized prescriber who is acting within the prescriber's scope of practice.

§13823. Training required

Prior to performing any procedure authorized under this chapter, a pharmacist must have completed a training program on emergency contraception, delivered by an entity authorized by a national council on pharmaceutical education, or another training program approved by the board. The training program must include, but is not limited to, conduct of sensitive communications, quality assurance, referral to additional services and documentation.

§13824. Provision of standardized fact sheet required

For each emergency contraception drug therapy initiated pursuant to this subchapter, the pharmacist shall provide the recipient of the emergency contraceptive drugs with a standardized fact sheet developed by the board that includes, but is not limited to, the indications for use of the drug, the appropriate method for using the drug, the need for medical follow-up and referral information, information on sexual assault and referral information and other appropriate information.

§13825. Confidentiality

Nothing in this subchapter affects the provisions of law relating to maintaining the confidentiality of medical records.



EMERGENCY CONTRACEPTION:

THE PHARMACIST'S ROLE



FEBRUARY 2005

Key Facts About EMERGENCY CONTRACEPTION

Prepared by the Maine Board of Pharmacy using recommended guidelines from the Family Planning Association of Maine, and in consultation with the American College of Obstetricians and Gynecologists/Maine Medical Association, Maine Department of Health and Human Services, Bureau of Health, and the Maine Pharmacy Association.

Consider using Emergency Contraception if:

- **Contraceptives were not used during sex**
- **You think your contraceptive didn't work.**

What are Emergency Contraceptive pills?

Emergency Contraceptive pills contain some of the same medication as regular birth control pills, and help to prevent pregnancy. There are two basic types of Emergency Contraceptive pills:

- **Plan B a progestin-only pill is now the only dedicated product specifically used for emergency contraception.**
- **High doses of regular oral contraceptive pills are used only when Plan B is not available.**

Don't wait! Take EC as soon as possible.

- **It is best to take EC within three days of unprotected sex although there is evidence it is effective up to 5 days.**
- **The sooner you take EC the more effective it is.**
- **The ECP Plan B has an off label use stating that you can take the two Plan B tablets at the same time. The evidence suggests this is as equally effective as taking them 12 hours apart.**

EC is safe and effective.

- **Progestin-only pills reduce the risk of pregnancy by 89 percent.**
- **Combined estrogen/progestin pills reduce the risk of pregnancy by 75 percent.**
- **For regular, long-term use, other contraceptive methods are more effective than EC.**
- **Emergency Contraceptive pills do not protect against sexually transmitted infections, including HIV/AIDS.**

EC won't cause an abortion.

- **Emergency Contraceptive pills are NOT the same as RU-486 (the abortion pill).**
- **Emergency Contraceptive pills are not effective after pregnancy has occurred and cannot interrupt it.**

Some reactions to the EC may include:

- **Nausea, vomiting, dizziness, breast tenderness early or late menstrual period.**
- **If some of these reactions persist and you become concerned call you healthcare provider, family planning office or local emergency room.**

EC should not be taken if:

- **You are already pregnant or suspect you may be pregnant.**
- **Have a hypersensitivity or allergy to any of the products in the emergency contraceptive pill.**
- **Have any undiagnosed abnormal vaginal bleeding.**

EC won't harm a developing fetus.

- **If Emergency Contraceptive pills are taken mistakenly during pregnancy, they will not harm the developing fetus.**
- **According to the American College of Obstetrics and Gynecology, there is no scientific data to suggest that there is an increased risk of birth defects.**

- References are found in the ACOG Practice Bulletin Clinical Management Guidelines for Obstetricians and Gynecologist Vol#25 March 2001 (#15, 19, 25).
- Using Emergency Contraceptive pills will not affect a woman's ability to become pregnant in the future.

Women can keep pills at home in case of an emergency.

- Many women find it convenient to have Emergency Contraceptive pills on hand in case of an emergency.
- Health care providers, family planning or your pharmacist can provide Emergency Contraceptive pills before they are needed.

Medical follow-up after taking Emergency Contraceptive pills

- If you don't get a normal period within three weeks, take a pregnancy test.
- It is important to visit your health care provider or family planning office if you need a regular birth control method or information about preventing sexually transmitted infections, such as HIV/AIDS.
- For more information talk to your pharmacist, healthcare provider or family planning office.

Statewide Referral Sources/Crisis Hotline Numbers

| | |
|---|--|
| Alcoholics Anonymous | 1-800-737-6237 |
| DHHS Child Abuse and Neglect..... | 1-800-452-1999 |
| Emergency Contraception Access Hotline..... | 1-800-877-4029 |
| Family Crisis Services..... | 1-800-537-6066 |
| Family Planning Centers..... | 1-877-326-2345 |
| Maine AIDS Hotline | 1-800-851-AIDS (2437) |
| Narcotics Anonymous..... | 1-800-974-0062 |
| National Runaway Switchboard..... | 1-800-621-4000 |
| Sexual Assault Crisis and Support Line | 1-800-871-7741/TTY 1-888-458-5599 |
| Suicide Prevention 24 Hour Hotline..... | 1-888-568-1112 |

MAINE BOARD OF PHARMACY
FAQs
ON Emergency Contraceptive Dispensing

1. Has the board approved any training programs for Plan B?

Yes, on February 8, 2005, the Board approved the American Pharmacists Association ("APhA") continuing education program on "Emergency Contraception: The Pharmacist's Role" along with live training for pharmacists on emergency contraception to fulfill the training requirements of Title 32 Subchapter 12, Collaborative Practice of Emergency Contraceptive.

2. Will the board publish information about training programs?

The board will publish, via the internet, the site for the APhA approved program together with contact information. The pharmacist is responsible to make contact with the program trainer/sponsor for details on program availability.

3. If I am not trained in Emergency Contraception and I do not have a collaborative agreement protocol with a prescriber, can I fill a prescription from a doctor for Plan B?

No, you cannot dispense Plan B if you are not taken a board-approved EC training program and have not entered into a collaborative agreement protocol with an authorized EC prescriber. In addition, you may not dispense Plan B under another pharmacist's training and protocol agreement or any other existing protocol agreement. You may only dispense Plan B with a valid prescription drug order.

4. Is EC training mandatory?

Emergency Contraception training is mandatory only if you (the pharmacist) choose to participate in the EC drug therapy program and establish an agreement protocol with a prescriber. Training only without an agreement does not qualify you to dispense emergency contraception; an emergency contraception collaborative agreement protocol with an authorized prescriber must be in place.

5. How will I know if a training program approved by ACPE meets the subject elements provided for in the statute?

The only board-approved training at this time is the EC continuing education training offered by the APhA. For your convenience, the Internet web link to the approved EC sponsor and program will be posted to the Board's website in the near future.

A Board-approved EC training program is being offered by the Maine Pharmacy Association "MPA" on April 1, 2005 from 8:30 a.m. to noon. The MPA has indicated that this educational session is open to MPA members and non members. However, you must register for this program and anyone interested should contact the MPA directly. The contact information for the Maine Pharmacy Association is: 127 Pleasant Hill Road Scarborough, ME 04074 MPA Phone: 207-396-5340 MPA Fax: 207-396-5341 Email: info@mparx.com

For information on other program offerings, please contact Cheryl Daggett at the Maine Family Planning Association of Maine at 207-622-7524 or by email at cdaggett@fpam.org

6. What is the date of an upcoming EC training program?

The Maine Pharmacy Association's 2005 spring convention has an EC training program scheduled for April 1, 2005, from 8:30 a.m. to noon, which will be open to MPA members and non members alike. For information registration and cost, please contact the MPA directly.

7. Will the fact sheet be updated from time to time?

It may, if the need arises and dependent upon FDA rulings. At this time, however, we cannot predict whether the Fact sheet will need to be modified.

8. How do I get referral information to pass on to my customers?

In addition to the Fact sheet, the Board will include in its packet on EC, sample forms and referral information. There will also be informational material that may be provided to you as part of your EC training.

9. What happens if I refuse to fill a Plan B prescription after I have received training and entered into a collaborative agreement?

Please refer to 32 MRSA § 13795 (2) of the Pharmacy Practice Act and Chapter 19, Section 11 of the Board's rules.

10. What kind of documentation is needed? What are the guidelines for maintaining this documentation?

At the very least, the dispensing of EC must be recorded in the patient's profile. However, there may be circumstances that the pharmacist might want to create a separate patient profile if the patient is part of a family record and does not want the dispensing of EC to be part of that family record for confidentiality reasons. Otherwise, it is up to the pharmacist to maintain appropriate records no different than when the pharmacist is dispensing from a prescription.

11. Who am I maintaining this documentation for?

Patient profile information is retained for the same purpose as any other patient where prescription drugs are dispensed. It is also a record of the type of treatment that was provided to the patient in the event that there are questions from the patient or the prescriber with which you have a collaborative agreement with.

12. Who is responsible to whom for any breaches in training or documentation?

Initiating emergency contraception drug therapy requires the same level of responsibility and appropriate practice judgment as you have during your daily course of dispensing prescription drugs. Confidentiality of patient information is also guided by HIPAA standards. Title 32 § 13795(2) states, "A pharmacist or person acting at the direction of a pharmacist may exercise discretion and refuse to fill any prescription or dispense any drug if unsatisfied as to the legitimacy or appropriateness of any prescription presented, the validity of any photographic identification or the identity of any patient presenting a prescription or any person acting on behalf of the patient."

13. For purposes of filings for 3rd party payers, what name do I use on the Rx label for *prescriber*?

You have a standing order with the collaborative prescriber, and therefore, you would use the prescriber's name.

14. What is my responsibility for reporting abuse and neglect to child and adult protective services?

Questions and assistance on reporting abuse and neglect of a child or incapacitated or dependent adult should be directed to the Department of Health and Human Services, Child and Adult Protective Services at 1-800-452-1999. Or, you may reference the statutory provisions online at <http://janus.state.me.us/legis/statutes/> under Title 22 § 4011-A for children; and Title 22 § 3477 for incapacitated or dependent adult.

15. Do I have to participate?

No, this is a voluntary program only. However, as a pharmacist, you should become familiar with other pharmacists in your surrounding area who do elect to participate in this program so that you can refer someone who approaches you about the need for emergency contraception drug therapy.

You should direct the individual to her primary care physician or refer her to the Family Planning Association of Maine for assistance.
www.maine.familyplanning.org or 207-622-7524.

Emergency Contraception Requests (“ECP”)

TRAINING INFORMATION for Pharmacy Technicians and other staff¹

If a woman calls or comes to the counter and asks for emergency contraception pills, the “morning after pill,” “ECP,” “Plan B,” Preven®, “Ovral®,” or says something similar to:

- They didn’t use a method of birth control. She is afraid she might become pregnant and doesn’t want to...
- She missed a couple of her birth control pills...
- The condom broke...
- She was forced to have sex...

Refer this woman to a pharmacist trained to provide emergency contraception services as recommended below:

- **If a phone call:** Tell the patient that you have pharmacists who can help her and ask her to stay on hold for the pharmacist.
- **If she is at the pharmacy counter:**
 1. Tell her that a pharmacist can help her
 2. Maintain the privacy of her specific request by not saying it out loud.
 3. Discreetly take her to the designated ECP counseling area, give her the informational materials, including the “Informed Consent” form attached to a clipboard and a pen to write with.
 4. If she is with someone else, ask her if she wants the other person to come with her.
 5. If she has previously received prescriptions at this pharmacy, ask if it is OK to put the ECP prescription on the same profile (she may not want it in the profile because others may find out about the ECP prescription when family prescription profiles are printed out).
 6. Inform the pharmacist that you have an ECP-patient waiting.
- **If no ECP-trained pharmacist is available:**
 1. Determine if patient would like to be referred to the closest ECP provider.
 2. Call closest ECP provider (see ECP referral list posted in pharmacy) to assure availability and let them know that you are sending them a patient.
 3. Give patient the phone number, address and directions to closest available ECP provider.

Only women may be prescribed ECP. Inform men who request ECP (for their partner) that the woman, herself, must come in to the pharmacy.

¹ Educate all pharmacy staff about ECP in order to maximize opportunities for patients to receive the products and information she needs.

This prototype ECP collaborative agreement protocol was prepared by the Maine Board of Pharmacy in consultation with the Family Planning Association of Maine, American College of Obstetricians and Gynecologists/Maine Medical Association, and the Maine Pharmacy Association. Please note that, as a prototype, it may be modified as necessary by the authorized prescriber to ensure compliance with his or her clinical standard of practice.

ECP Collaborative Agreement Protocol

As a licensed health care provider authorized to prescribe medications in the State of Maine, I authorize _____, R.Ph. and other trained pharmacists employed at _____ Pharmacy to initiate emergency contraceptive pills (ECPs) according to the protocol that follows. The protocol provides written guidelines for initiating drug therapy in accordance with the law and regulations of the State of Maine.

Purpose: Provide access to emergency contraception within required time frame and to ensure the patient receives adequate information to successfully complete therapy.

Procedure: When the patient requests ECPs, the pharmacist will assess the need for drug therapy and/or referral for contraceptive care. The pharmacist will determine the following:

- The date of the patient's last menstrual period to rule out established pregnancy.
- That the elapsed time since unprotected intercourse is less than 72 hours (or as agreed upon by collaborators).
- Whether the patient has been a victim of sexual assault.
- The age of the patient.

Referrals: If ECP services are not available at the pharmacy, the patient will be referred to another ECP provider. The pharmacist should refer the patient to see a health care provider or family planning office if established pregnancy cannot be ruled out.

If there is a concern that the patient may have contracted a sexually transmitted infection through unprotected sex, and/or if the patient indicates that she has been sexually assaulted, the pharmacist will initiate appropriate referral while providing ECPs. When the patient is a minor under the age of 14 **or** sexual assault or abuse is suspected, the pharmacist must report or cause a report to be made to Child Protective Services.

While ECPs can be used repeatedly without serious health risks, patients who request ECPs repeatedly will be referred to a health care provider or family planning office for follow up.

Prophylactic Provision: The pharmacist may also dispense a course of ECPs to a patient in advance of the need for emergency contraception. In addition the pharmacist will counsel the patient on available options for regular contraceptive methods or offer to refer for additional contraceptive services.

ECP Product Selection: The pharmacist will only dispense medication from a list of products approved for emergency contraception and agreed upon as part of this agreement. The pharmacist should seek to provide the most effective ECP product to patients. The list will contain ECPs and adjunctive medications for nausea and vomiting associated with ECPs. The list will be maintained at the pharmacy and shared by all participants in the agreement. Along

with the medication, patients will be provided with information concerning dosing, potential adverse effects, and follow-up contraceptive care.

Documentation and quality assurance: Each prescription initiated by the pharmacist will be documented in a patient profile as required by law and kept in a secure site.

The pharmacist may, at the request of the patient, communicate information to the patient's primary care provider or as a matter of being referred to a practitioner as a new patient regarding her care relevant to emergency contraception drug therapy.

On a quarterly basis, the authorizing prescriber and the pharmacist will perform a quality assurance review of the decisions made according to mutually acceptable criteria.

The pharmacist(s) _____ has completed a specified training program approved by the Maine Board of Pharmacy covering the procedures listed above, the management of the sensitive communications often encountered in emergency contraception, service to minors and the appropriate use of referral sources.

Signed:

Authorizing
prescriber _____

Maine License # _____ Expiration Date _____

Authorized
pharmacist _____

Maine License # _____ Expiration Date _____

Informed Consent for Emergency Contraception

Name _____

Age _____

Address _____

Phone _____

Before giving your consent, be sure that you understand both the pros and cons of Emergency Contraceptive Pills (ECPs). If you have any questions, we will be happy to discuss them with you. Do not sign your name at the end of this form until you have read and understood each statement and the pharmacist has answered your questions and can witness your signature. This information is confidential. Please initial each area as you read it.

I understand that:

____ ECPs contain hormones that act to prevent pregnancy. These pills are taken after having *unprotected sex (sex without birth control or a birth control failure). They are to be used as an emergency treatment only and not as a routine method of contraception.

____ ECPs work by preventing or delaying the release of an egg from the ovary, preventing fertilization, or causing changes in the lining of the uterus that may prevent implantation of a fertilized egg. I understand that if I am already pregnant, ECPs will not stop or interfere with the pregnancy.

____ ECP treatment should be started within 3 days (72 hours) of unprotected sex. There is also evidence that they may be effective up to 120 hours (5 days) after unprotected sex. The FDA has not as yet approved use for after 72 hours. The provider will let you know if you should take them this way.

____ ECP Plan B has an off label use stating that you can take the two Plan B tablets at the same time. The evidence suggests this is as equally effective as taking them 12 hours apart. The provider will let you know if you should take them this way.

____ ECPs are not 100 percent effective in preventing pregnancy.

____ Reactions to the pills may include: nausea and vomiting, fatigue, dizziness, breast tenderness, early or late menstrual period.

____ I should see a health care provider if my period has not started within 3 weeks after treatment.

____ I should use a barrier method of birth control as directed until my next period. After that I can use my regular method of contraception.

____ ECPs will not protect me from or treat sexually transmitted infections and I should seek diagnosis and treatment if I am concerned.

____ No guarantee or assurance has been made to me as to the results of using ECPs. I now request that a pharmacist provide me with ECPs.

First day of last menstrual period ____/____/____ Date of *unprotected sex ____/____/____

Was this the result of sexual assault? **Yes** ____ **No** ____

I understand that it may be useful to share this treatment information with my regular health care provider. Therefore, I request and authorize the release of this information to the following designated provider.

No ____ (do not share) Yes ____ (to share) Designated Provider's Name _____

Patient's Signature _____ Date _____

Pharmacist's Signature _____ Date _____

(Pharmacist only: Referral made to _____ Rx number _____)

**EMERGENCY CONTRACEPTION PHARMACY CARE
COMMUNICATION FORM**

Dear _____,

Through a service offered at this pharmacy, our mutual patient, _____, with the date of birth of _____, was provided Emergency Contraception Care on _____. This patient has requested that information regarding her care be provided to you as her primary care provider or she had been referred to you as a new patient. A copy of her informed consent and release of information is enclosed.

Findings:

First date of last menstrual period: _____

Date of intercourse: _____ **or** Date of phylactic dispensed: _____

Was contact the result of sexual assault? ☐ Yes ☐ No

Medication(s) prescribed:

Additional comments/findings/referrals:

Emergency Contraception ("EC") services are provided by pharmacists who have successfully completed a Maine Board of Pharmacy approved Emergency Contraception training program. Any medications prescribed were provided under a Collaborative Drug Therapy Management Agreement. These agreements are signed only by medical practitioners licensed in the State of Maine.

Pharmacist's Name (printed): _____

Pharmacist's Signature: _____ Date _____

Confidentiality Notice: These materials are private and confidential. The information contained in the material is privileged and is intended for the use of the individual(s) named above. If you are not the intended recipient, be advised that unauthorized use, disclosure, copying, distributing or taking of action in reliance on the contents of this information is strictly prohibited. If you have received this in error, please notify us by telephone immediately to arrange for the return of this document.

Pharmacy Name: _____ Tel # _____

Pharmacy Address: _____

Fax #: _____ E-Mail: _____

Sexual Assault and Minors in Maine

Under Maine law, actions which involve minors and constitute criminal conduct are complicated². Certain individuals, because of their age or relationship, are not legally able to engage in certain activities. It is important to note that the categories below deal with activities that do not occur by force, compulsion, or when an individual is intoxicated or unconscious.

Sexual Contact: "...any touching of the genitals or anus, directly or through clothing, other than as would constitute a sexual act, for the purpose of arousing or gratifying sexual desire or for the purpose of causing bodily injury or offensive physical contact." (17-A M.R.S.A. section 251, sub-section 1, paragraph D).

Sexual Act: "Any act between 2 persons involving direct physical contact between the genitals of one and the mouth or anus of the other, or direct physical contact between the genitals of one and the genitals of the other...Any act involving direct physical contact between the genitals or anus of one and an instrument or device manipulated by another person when that act is done for the purpose of arousing or gratifying sexual desire or for the purpose of causing bodily injury or offensive physical contact." (17-A M.R.S.A. section 251 sub-section 1 paragraph C). (Note: does not require penetration)

Sexual Touching: "...any touching of the breasts, buttocks, groin or inner thigh, directly or through clothing, for the purpose of arousing or gratifying sexual desire." (17-A M.R.S.A. section 251, sub-section 1, paragraph G)

If a minor is under 14 years of age:

- An actor may NOT engage in a *Sexual Act* with the minor.
- An actor who is at least 3 years older may NOT engage in *Sexual Contact* with the minor.
- An actor who is at least 5 years older may NOT engage in *Sexual Touching* with the minor.
- An actor 18 or older (and is not married to the minor)³ may not:
 1. knowingly display "sexually explicit materials" to the minor, with "the intent to encourage the other person to engage in a sexual act or sexual contact." (17-A M.R.S.A. section 258);
 2. this same actor may not, "for the purpose of arousing or gratifying sexual desire or for the purpose of affront or alarm..." expose his/her genitals to the other person or cause the other person to expose his/her genitals to the actor. (17-A M.R.S.A. section 256).

(over)

² This does not cover military law or guidelines.

³ This is NOT a marital exemption, but rather allows for consensual sexual activity within a legal marriage. If the spouse submits as a result of "compulsion" as defined in the statute, it is still sexual assault.

If a minor is 14 or 15 years of age:

- An actor who is at least 5 years older (and is not married to the minor—see footnote 2) may NOT engage in a *Sexual Act* with the minor.
- An actor who is at least 10 years older may NOT engage in *Sexual Contact* with the minor.

If a minor is under 18 years of age:

- A teacher, employee, or official with “instructional, supervisory or disciplinary authority” over the student or a parent/guardian may NOT engage in *Sexual Acts*, *Sexual Contact* and/or *Sexual Touching* with the minor.
- Minors may NOT be “photographed”⁴ during “sexually explicit conduct.”⁵

This does not constitute legal advice. Please note that the information in this document is based on the Maine Revised Statutes as of 2/6/04 and does not fully cover or state all laws. Please contact your local law enforcement agency or the District Attorney's office if you have questions about these laws.

⁴Using any means to record the action, including computer or video technology. (17-A M.R.S.A. section 2921, sub-section 4)

⁵ This means *Sexual Acts*, bestiality, masturbation, sadomasochistic abuse for the purpose of sexual stimulation, and lewd exhibition of the genitals, anus, or pubic area. (17-A M.R.S.A. section 2921, sub-section 5.)



Sexual Assault and Minors in Maine: Examples

(This is meant to supplement *Sexual Assault and Minors in Maine.*)

- John, who is 15 years old, engages in a *Sexual Act*, such as oral sex or intercourse, with Amy who is 13. This is a crime.
- John (15) engages in *Sexual Contact*, such as genital touching, with Amy (13). This is legal.
- Bob, who is 19, engages in *Sexual Touching*, such as touching of the breasts, with Amy (13). This is a crime.
- Anne, who is 16½, engages in a *Sexual Act*, with Joe, who just turned 13. This is a crime.
- Anne (16½) engages in *Sexual Contact* with Joe (13). This is a crime.
- Anne (16½) engages in a *Sexual Act* with Tom, who is 15. This is legal.
- Bill, who is 25, engages in a *Sexual Act* with Louis, who is 14. This is a crime.
- Bill (25) engages in *Sexual Contact* with Lisa (14). This is a crime.
- Jim, who is 22 and a soccer coach at the local high school, engages in either: a *Sexual Act*, *Sexual Contact*, or *Sexual Touching*, with Amy, 17, a student at the school who is on the soccer team. All are crimes.

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